

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	T.D.		4/26/93
O.I.P.E. CLASSIFIER		5	4-27-93
FORMALITY REVIEW		6 (X80)	5-27-93

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral).... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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Claim	Date
Final	
Original	
51	5/25/93
52	5/25/93
53	5/25/93
54	5/25/93
55	5/25/93
56	5/25/93
57	5/25/93
58	5/25/93
59	5/25/93
60	5/25/93
61	5/25/93
62	✓/J=
63	✓/J=
64	N/N
65	↓↓
66	↓↓
67	N/N
68	✓✓
69	
70	
71	
72	
73	
74	
75	
76	↓✓
77	✓✓
78	N/N
79	
80	↓✓
81	N/N
82	✓✓
83	✓✓
84	✓✓
85	
86	
87	
88	✓↓
89	✓✓
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98	✓↓
99	✓=
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Claim	Date
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Original	
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If more than 150 claims or 10 actions  
staple additional sheet here

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